
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

VACUUM ASSISTED SURGICAL STAPLER

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) ☒ is attached hereto.

(b) ☐ was filed on _____ as ☐ Serial No. _____ or ☐ Express Mail No., as Serial No. not yet known _____ and was amended on _____ *(if applicable)*.

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

(c) ☒ was described and claimed in PCT International Application No. PCT/US2003/041068 filed on December 22, 2005 and as amended under PCT Article 19 on _____ *(if any)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, and

☒ in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. §1.98.

PRIORITY CLAIM (35 U.S.C. §119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

60/435,223

FILING DATE

20 December 2002

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

ALL ATTORNEYS AND REGISTERED PRACTITIONERS ASSOCIATED WITH THE UNITED STATES PATENT AND TRADEMARK OFFICE CUSTOMER NUMBER 50855.

SEND CORRESPONDENCE TO DIRECT TELEPHONE CALLS TO:

**Mark Farber, Esq.
UNITED STATES SURGICAL, (203) 845-1000
a Division of Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856**

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** Bruce JANKOWSKI

Inventor's signature _____ Date _____

Country of Citizenship US

Residence 17 Woodlawn Terrace, Meriden, CT 06450, US

Post Office Address _____

Full name of **second joint inventor**, if any Joseph WITTMANN

Inventor's signature Joseph R. Wittmann Date June 8th 2005

Country of Citizenship DE

Residence Auenstrasse 22D, 85521 Riemerling, GERMANY

Post Office Address _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for subsequent joint inventors.
Number of pages added ____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased
or incapacitated inventor.
Number of pages added ____.
- ☐ Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 C.F.R. §1.47.
Number of pages added ____.

- ☐ Added pages to combined declaration and power of attorney for divisional,
continuation, or continuation-in-part (CIP) application.
Number of pages added ____.

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

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SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

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UNITED STATES SURGICAL,

(203) 845-1000

a Division of Tyco Healthcare Group LP

150 Glover Avenue

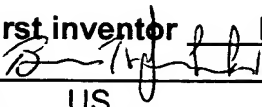
Norwalk, CT 06856

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SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** Bruce JANKOWSKI
Inventor's signature  Date 8-8-05
Country of Citizenship US
Residence 17 Woodlawn Terrace, Meriden, CT 06450, US
Post Office Address _____

Full name of **second joint inventor**, if any Joseph WITTMANN
Inventor's signature _____ Date _____
Country of Citizenship DE
Residence Avenstrasse 22D, 85521 Riemerling, GERMANY
Post Office Address _____

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Number of pages added ____.
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